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Bib Data Sheet

CONFIRMATION NO. 4568

|                             |  |              |                        |                                     |
|-----------------------------|--|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/539,222 | FILING OR 371(c)<br>DATE<br>06/17/2005<br>RULE | CLASS<br>435 | GROUP ART UNIT<br>1632 | ATTORNEY<br>DOCKET NO.<br>FREE 1150 |
|-----------------------------|--|--------------|------------------------|-------------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/AU03/01711 12/22/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED STATES OF AMERICA 60436175 12/23/2002  
 AUSTRALIA 2003900296 01/23/2003  
 AUSTRALIA 2003903127 06/20/2003

**\*\* SMALL ENTITY \*\***

|                                 |   |                               |                         |                    |                         |
|---------------------------------|---|-------------------------------|-------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>AUSTRALIA | SHEETS<br>DRAWING<br>35 | TOTAL CLAIMS<br>19 | INDEPENDENT CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                         |                    |                         |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                               |                         |                    |                         |

**ADDRESS**

321

**TITLE**

Organ preconditioning, arrest, protection, preservation and recovery

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>550 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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